

Participant Name: _____
 Last Name First Name Middle Nickname

Address: _____
 Street City/State/Zip

Gender: _____ **Birthday:** _____ **Age:** _____

Father/Guardian: _____
 Last Name First Name

Address: _____
 Street City/State/Zip Home Phone Cell Phone

Place of Employment Business Phone Email address

Mother/Guardian: _____
 Last Name First Name

Address: _____
 Street City/State/Zip Home Phone Cell Phone

Place of Employment Business Phone Email address

Medical/Emergency Information:

Known allergies Medications Desired Action

Chronic Conditions Medications Desired Action

Participant's Physician Name Physician's Phone Number

Emergency Contact: _____
 Last Name First Name Phone Number

Last Name First Name Phone Number

(IF SPECIAL ACCOMMODATIONS ARE NEEDED YOU ARE REQUIRED TO FILL OUT OUR ACCOMMODATIONS FORM)

CAMP WAKE UP ONLY Authorized Pick-Up Persons

CAMP WAKE UP ONLY Unauthorized Pick-Up Persons

****Appropriate paperwork: divorce or custody papers shall be attached if a biological parent is not allowed to pick up the child.**

PLEASE READ AND SIGN AGREEMENT ON THE BACK OF THIS PAGE



AGREEMENTS

PLEASE INITIAL EACH AGREEMENT AFTER YOU HAVE READ IT

Agreements in red apply to Camp Wake Up sites only.

1. The parent/guardian(s) gives authorization for the child to participate in field trips.
2. Program staff agrees to notify the parent/guardian(s) whenever the child becomes ill; parent/guardian(s) will arrange to have their child picked up within an hour of notification.
3. Parent/guardian(s) authorizes staff to obtain immediate medical care if any emergency occurs when he/she cannot be located. If there is an objection to seeking emergency medical care, a written statement giving the reason must be on file.
4. Child is capable of changing his/her own clothing and is able to use restroom facilities without any assistance.
5. I verify that I have received a copy of the Parent Handbook.
6. I understand that it is my responsibility to provide my child nutritional snacks every day. No storage for food beyond one day. No microwave available.
7. I agree to sign my child in and out of the program every day.
8. I will pay weekly tuition on the Friday before the next week of participation. Subsequent payments will be due on or before every Friday prior to the week of camp that the payment is being applied. Late payments: First time \$10 per family late fee plus weekly payment/Second time \$15 late fee per family plus the next two payments. Late Payments are due Monday morning before your child enters the program. The third late payment in the enrollment period will result in your child's termination from the program. You may re-enroll your child in the following enrollment period if space is available.
9. I understand that the program ends at 6:00 PM. A late fee of \$5.00 per family for every 15 minutes after 6:00 PM will be charged. See Parent Handbook for details.
10. I understand that inappropriate behavior is grounds for dismissal and there is NO REFUND.

I affirm that all information is provided complete and true. I understand that falsification or intentional omission of information is grounds for dismissal from the program.

Parent/Guardian Signature

Date

Program Administrator Signature

Date

.....OFFICE USE ONLY

Date Child Entered Program _____ Date Child Left Program _____

IDENTITY VERIFICATION

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Document Viewed	Person Viewing Document